FOR AUDITORS OFFICE USE ONLY		**ESSEX COU	NTY VOUC	CHER**		NOTE: VOUCHER PACKET TO INCLUDE: *COMPLETED VOUCHER *ORIGINAL INVOICE, RECEIPTS, & PACKING SLIPS *PAYMENT COPY OF PURCHASE ORDER					
NO ENC BATCH#		INVOICE #	INVOICE DATE	ACCT GRP	ACCT	AMOUNT	1099	VCHR#	DESCRIPTION		
PERIOD/YEAR	/ 23										
VENDOR OR PO#											
VENDOR NAME & ADD	RESS:										
INVOICE #											
INVOICE DATE											
DUE DATE											
CASH ACCOUNT											
SINGLE CHECK	N										
ACCOUNT GROUP											
ACCOUNT	546011	I HEREBY CERTIFY THA	T THE FOREGOIN	G INFORMATION	IS TRUE AND C	ORRECT, THAT THE	SAID SI	ERVICES WERE			
TASK	_	RENDERED OR SUPPLIE	S FURNISHED AS	STATED THERE	IN, THAT NO PA	ART THEREOF HAS E	BEEN PA	ID AND THAT			
ACCOUNT		THE AMOUNT STATED IS	S ACTUALLY DUE	AND OWING.							
AMOUNT											
AMOUNT ALLOWED											
1099	M N	(PRINTED NAME)			(TITLE)		(SIGNA	TURE)	(DATE)		
VOUCHER#											
DESCRIPTION											
CHECK#		APPROVED BY (DEPART	MENT HEAD)				AUDITE	D BY	DATE AUDITED		

ESSEX COUNTY TRAVEL VOUCHER

A	В	С	D	E	F	G	Н	I	J	5497	5443	5443	5443		
DATE	DEPARTURE TIME	RETURN TIME	DEPART FROM	ARRIVAL POINT	PURPOSE OF TRAVEL	READING AT 1ST APPT OR DEPART	ODOMETER READING AT LAST APPT OR ARRIVAL POINT	COMMUTE DEDUCTED? # MILES	TOTAL # MILES (H-G)-I=J	MILEAGE TOTAL (2023RATE @ .655 /MILE)	MEALS (RECEIPTS REQUIRED)	HOTEL (TAX EXEMPT IN NYS)	PARKING, TOLLS & MISC	TC	OTAL
									0	\$ -	B L D			 \$	
									0	\$ -	B L D			\$	
									0		B L			\$	
											D B L				-
									0	\$ -	D B L			\$	-
									0	\$ -	D B L			\$	-
									0	\$ -	D B L			\$	-
									0	\$ -	D B			\$	-
									0	\$ -	D B			\$	-
									0	\$ -	L D B			\$	-
									0	\$ -	L D			\$	-
									0	\$ -	B L D			\$	-
TOTALS										\$ -	\$ -	\$ -	\$ -	\$	-